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Doctors' attendance with arrestees in police custody: Physicians' representations

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ABSTRACT

Police custody is detention in response to a suspicion of crime. In France, it lasts less than 24 h, in most cases. According to French law, any individual placed in police custody may, at the individual's request, be examined by a doctor. The doctor decides whether the detainee's state of health is compatible with detention in a police station. Our objective was to assess the attending physicians' representations of police custody and medical intervention in this setting. In this study, physicians were asked to report on their own practice in custody and the way they perceived arrestees. We conducted face-to-face semi-structured interviews with 22 physicians who attended arrestees in police custody. For some doctors, the doctor-patient relationship is unconventional because arrestees may want to cheat them and because doctors feel that they have minimal duties that are limited to keeping arrestees alive. Most doctors consider the conditions of examination markedly unsatisfactory, similar to the material conditions of detention in police cells. Some physicians are reluctant to describe traumatic injuries so that they do not appear to support the arrestees over the police. Although all doctors determine whether a detainee is fit to be detained in police cells, the rationale for this decision differs from one physician to another. Physicians consider a medical prescription legitimate when it fits with their own representation of the needs of arrestees. Physicians delimit the framework of their relationship with arrestees and restrict the requests that they consider acceptable. They have limited knowledge of the conditions of detention and show little interest in this matter. Physicians manifest a simplistic, usually negative view of the individuals that they examine in custody. However, some are aware of the deleterious effects of custody conditions on arrestees.

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1. Introduction

Police custody is detention in response to a suspicion of crime or if the police have 'reasonable grounds' to suspect that an individual aged 13 or older has committed an offense. According to French law, the duration of detention in police cells is limited to twenty-four hours.¹ The detention may be extended for a further period of up to twenty-four hours on the written authorisation of the district prosecutor. In rare cases defined by law, detention can last up to six days. In 2009, detention greater than 24 h accounted for 17% of cases in France.² The number of detainees held in police custody in France has dramatically increased, up to 792,000 yearly in 2009,³ and this

number is now estimated to be approximately 700,000.⁴ French law states that any individual placed in police custody may, at the individual's request, be examined by a doctor. A medical examination can also be performed at the request of a police officer or the individual's family and is customary for teenagers under 16.¹ Direct access to medical examination as a right of the arrestee is afforded by French law, unlike countries such as the UK, where health screening by a police officer is a prerequisite to medical examination.⁵ The doctor decides whether the detainee's state of health is compatible with detention in a police station and prescribes any ongoing treatment that should be continued, as well as any emergency treatment needed.^{6,7} Three facets of medical intervention in police custody that may conflict with one another have been identified: first, the role of a medicolegal expert for the law enforcement agency; second, the role of a treating physician; third, the examination and treatment of detainees who allege that they have been mistreated by the police.⁸ International standards recommend that a detainee's right to

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medical care should be equivalent to that available to the general community.^{9,10} However, police custody and cells can be a hostile environment and conditions in police stations for detainees under custody are often demeaning.^{7,11,12} Ill treatment, which may affect up to 15% of detainees,¹³ is a matter of concern.¹⁴ When caring for detainees in police custody, the doctor is expected to protect the detainee's health, physical and mental integrity, and dignity.^{7,15} Two surveys conducted in England and Wales in 1992–1994 examined the role of forensic physicians and found a lack of uniform practice.^{16,17} Some personal positions on physicians' intervention in custody have been published, but medical opinions on police custody have not previously been analysed.^{18–20} Nevertheless, the multiple conflicting facets of medical intervention in police custody can induce multiple conflicting medical responses. Moreover, several priorities can coexist in one attending physician; one priority may be expressed more than another according to the characteristics of the examined person or the examination situation. An analysis of physicians' remarks about their intervention in custody and medical representations is a necessary prerequisite to assess the circumstances in which beliefs and representations hinder physicians from meeting the expectations formulated by medical authorities.⁶ Physicians' remarks may reveal situations of unethical practice. Identifying risk situations of unethical practice or value conflicts may be a first step towards continuing medical education that can help to change such representations. Our objective was to assess attending physicians' representations of police custody and medical intervention in this setting. In this study, physicians were asked to report on their own practice in custody and their perceptions of arrestees.

2. Methods

2.1. General characteristics of the interviews

We conducted face-to-face semi-structured interviews. The interviews with the physicians were all conducted by a member of the research team (VT) between February 2003 and January 2004. At the time of the interviews, VT held an MSc degree and was a PhD student. She had three years of experience in conducting face-to-face interviews and was appointed a full-time researcher during the study period. No relationships were established between the researcher and the participants before the commencement of the study. No ethical approval was requested as the interviews were performed exclusively with physicians. The snowball sampling was based on the interviewer's motivations, and consent to participate was obtained through the sampling methodology. Prior to the interview, the researcher informed the participants that the study aimed to characterize medical intervention in police custody and gave the participants an information sheet summarizing the study.

2.2. Interviewed physicians

2.2.1. Procedures

We conducted face-to-face semi-structured interviews with 22 physicians attending arrestees in police custody. The interviewed physicians included 16 males, 6 females (age range 28–57 yrs; median age 39). The physicians included emergency doctors, forensic physicians, psychiatrists and anaesthetists from 4 hospitals and 4 general practitioners.

Medical examinations of arrestees accounted for a limited part of the physicians' clinical practice, from one examination per month to several per day. Within each hospital or department, participants were selected using a snowball sampling method. The snowball sampling method allows persons to be reached who might be difficult to identify but who are closely connected. The first interviewed persons are likely to know others who share the

characteristics that make them relevant to be interviewed. The sample is built from professional and social networks. No one refused to participate. Interviews were conducted at the participants' workplace (e.g., hospital or physician's office). No one else was present at the time of the interview. The interview guide was jointly prepared by the interviewer and the authors. The researcher informed the participants that the study aimed to characterize medical intervention in police custody and gave them an information sheet summarizing the study. The median duration of the interviews was 35 min (range 20 min–125 min).

2.2.2. Analysis

The study was based on discourse and content analyses. No content analysis software was used. The interviews were fully transcribed. We identified the most frequent answers and selected relevant examples which are presented in the results section. All interviews were based on a list of questions that are listed in Table 1.

3. Results

The organization of the results section fits with the questionnaire, which was based on preparatory works (2002–2003) for the national conference on health issues in police custody. It follows the chronological progress of the medical interview and examination: (1) the context of the medical intervention, (2) the course of the medical examination, (3) the medical response, and (4) the physicians' views of their intervention and the course of detention.

3.1. The context of medical intervention in custody

Attending physicians in custody perceive their role similar to any doctor's role when a quick decision is required in an unfavourable environment. Features of the environment include the conditions and the context of the examination of arrestees, who are frequently considered difficult persons. For some doctors, the doctor-patient relationship is unconventional; arrestees may want to cheat the physicians and doctors feel that they have minimal duties that are limited to keeping arrestees alive.

Which doctor should be called? 'Anyone. We are not supposed to provide conscientious, attentive health care that conforms with current scientific knowledge. Except in one case, when the guy is dying before you, you are surely obliged to do something. (...) You don't die from drug withdrawal; it's really unpleasant but you don't die. I'm really sorry, but we don't have to give your dose. The only problem person, if you can make the diagnosis, is the suicidal behaviour because they're perverts, they hide it so you have to be careful. In the police cells they take off your shoe laces. You have to be very careful about the medicine you may leave.' [male, 57 yrs]

'I'm not aware of any medical incidents. I knock on wood because you easily make the front page of the newspapers with such things.' [male, 52 yrs]

Some doctors feel uncomfortable with and suspicious of arrestees who present certain health problems, such as addictive disorders or diabetes.

'You become the winner when you see junkies. These guys constantly gobble a lot of pills. They're so damn boring. They're unbearable. The police can't take it anymore. They call you and you're the doctor, you're the saviour. Do something!' [male, 57 yrs]

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